**PATENT** 



### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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plication of:

Browning, et al.

Serial No.:

09/159,509

Filed: September 23, 1998

For:

METHOD AND APPARATUS

FOR CREATING A WIREFRAME

AND POLYGON VIRTUAL

WORLD

04/27/1999 NTEKLENI 00000043 09159509

01 FC:117

870.00 GP

Group Art Unit:

2784

Examiner: Unknown

Attorney Docket.: 5181-11402

Client Docket: P3051C

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Box Missing Parts, Washington, D.C. 20231, on the date indicated

below:

Dan R. Christen

Name of Registered Representative

April 23, 1999

Date

#### RESPONSE TO NOTICE TO FILE MISSING PARTS

#### **Box Missing Parts**

**Assistant Commissioner for Patents** Washington, D.C. 20231

Dear Sir:

In response to the Notice to File Missing Parts of Application Under 37 C.F.R. § 1.53(f), mailed November 25, 1998, there is enclosed herewith:

- Two combined Declaration and Power of Attorneys, one executed by joint inventor Jaron Lanier, and one executed by joint inventor Ethan Joffe;
- Preliminary Amendment;
- A check in the amount of \$1,130.00 (\$130.00 for late filing of oath or declaration, \$130.00 for Petition, and \$870.00 for three month Extension of Time);

• A Certification by an authorized representative of the assignee under 37 C.F.R. § 3.73(b);

• A copy of the Notice to File Missing Parts of Application Filing Date Granted;

• A copy of the Reissue Supplement to Notice to File Missing Parts;

• Petition for a three month Extension of Time;

A Request to Transfer Drawings from Original Patent to Reissue Application;

Petition for Missing Inventor with Exhibits A, B and C; and

• A return postcard to acknowledge receipt of these materials. Please stamp and return this

postcard to the undersigned.

A check in the amount of \$1,130.00 is enclosed to cover the fees. However, if the

check is missing or insufficient, the Commissioner is authorized to charge any additional fees

which may be required, or credit any overpayment, to Conley, Rose & Tayon, P.C. Deposit

Account No. 03-2769/5181-11402/DRC. If any extensions of time (under 37 C.F.R. § 1.136)

are necessary to prevent the above referenced application(s) from becoming abandoned,

Applicant(s) hereby petition for such extensions. Two duplicate copies of this sheet are

enclosed.

Respectfully submitted,

Dan R. Christen

Reg. No. 39,943

(512) 703-1429

ATTORNEY FOR APPLICANT(S)

Conley, Rose & Tayon P. O. Box 398 Austin, Texas 78767-0398

Ph: (512) 476-1400





### UNITED STATES DE ATMENT OF COMMERCE

Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

#### **Application Number:**

09/159,509

09/23/98

BROWNING

Application to Paper Number:

5181-11401

0242/1125

CONLEY ROSE & ROSE P O BOX 398 AUSTIN TX 78767-0398

NOT ASSIGNED

# REISSUE SUPPLEMENT TO NOTICE TO FILE MISSING 4

11/25/98

This Reissue Supplement is an attachment to:

"Notice to File Missing Parts of Application" Filing Date Granted (PTO 1533)

☐ "Notice to File Missing Parts of Application" No Filing Date Granted (PTO-1532)

The item(s) indicated below as missing must be filed within the period for reply to the attached Notice to File Missing Parts of Application to avoid abandonment.

The following items are required to complete the reissue application:

Consent of the assignee is missing. 37 CFR 1.172 requires that the reissue oath/declaration be accompanied by the written consent of all assignees.

Assignee's statement under 37 CFR 3.73(b) establishing ownership of the patent is missing. 37 CFR 1:172 requires that all assignees consenting to the reissue establish their ownership interest in the patent by filing in the reissue application a statement in accordance with 37 CFR 3.73(b).

Customer Service Center

Initial Patent Examination Division (703) 308-1202

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## Patent and Trademark Office

Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

FILING/RECEIPT DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NO /TITLE

09/53/48 BEOMNING

0242/1125

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2784

DATE MAILED:

11/25/98

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#### NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small

| -                    | in compliance with 37 CFH 1.27, or ⊠<br>bid abandonment.                                                                                                                                                                                                                           | \$130.00 for a non-sma                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in entity, must also be                                                         | milely Subi                        | muteu m rep    | ny to this NO Tio     |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------------|----------------|-----------------------|
| if all i<br>□ sm     | required items on this form are filed<br>nall entity (statement filed) 🖒 non-sn                                                                                                                                                                                                    | within the period set a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | bove, the total amou                                                            | nt owed by                         | y applicant a  | as a                  |
|                      | The statutory basic filing fee is:  missing. insufficient.  Applicant must submit \$                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the basic filing fee and                                                        | /or file a sm                      | all entity sta | tement claiming       |
| □ 2.                 | Additional claim fees of \$                                                                                                                                                                                                                                                        | including an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | y multiple dependent o                                                          | laim fees, a                       | me required.   | CONTRACTOR CONTRACTOR |
|                      | \$for                                                                                                                                                                                                                                                                              | independent clair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ns over 3.                                                                      |                                    |                | •                     |
|                      | \$for                                                                                                                                                                                                                                                                              | dependent claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | over 20.                                                                        |                                    |                | •                     |
| i <b>√</b> 3.        | Applicant must either submit the add The oath or declaration:  is missing or unexecuted.  does not cover the newly submitted does not identify the application to does not include the city and state.  An oath or declaration in compliance the above Application Number and Fig. | ed items.<br>o which it applies.<br>e or foreign country of a<br>with 37 CFR 1. 63, including Date is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | pplicant's residence.<br>uding residence inform                                 | ation and id                       | lentitying the |                       |
| •                    | The signature(s) to the oath or declar 1.43 or 1.47.  A properly signed oath or declaration Application Number and Filing Date,                                                                                                                                                    | in compliance with 37 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                 |                                    |                |                       |
|                      | The signature of the following joint inv                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | the oath or declaration                                                         | ):<br>                             | *              | සි<br>ද               |
| □ 7.<br>□ 8.<br>□ 9. | An oath or declaration in compliance inventor(s), identifying this application A \$50.00 processing fee is required si Your filing receipt was mailed in error The application does not comply with See attached "Notice to Comply with SOTHER:                                    | n by the above Application by the above Application of the control | on Number and Filing urned without payment s returned without pay 1.821-1.825." | <i>Date, is req</i><br>.(37 CFR 1. | uired. 🕏       | Smitted               |
|                      |                                                                                                                                                                                                                                                                                    | nis notice <u>MUST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 | ı the rep                          | ply. 皇         | 10                    |

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FORM PTO-1533 (REV.9-97)

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